

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 1/1/06

CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
<b>A4206</b>	N					<b>Syringe with needle; sterile 1cc, each</b>			
A4206		Y	N			Syringe with needle; sterile 1cc, each	\$0.22	60 PER MO.	
<b>A4207</b>	N					<b>Syringe with needle; sterile 2cc, each</b>			
A4207		Y	N			Syringe with needle; sterile 2cc, each	\$0.18	60 PER MO.	
<b>A4208</b>	N					<b>Syringe with needle; sterile 3cc, each</b>			
A4208		Y	N			Syringe with needle; sterile 3cc, each	\$0.17	60 PER MO.	
<b>A4209</b>	N					<b>Syringe with needle; sterile 5cc or greater, each</b>			
A4209		Y	N			Syringe with needle; sterile 5cc or greater, each	\$0.23	150 PER MO.	
<b>A4213</b>	N					<b>Syringe, sterile, 20cc or greater, each</b>			
A4213		Y	N			Syringe, sterile, 20cc or greater, each	\$0.62	70 PER MO.	
A4213	59	Y	N			Syringe, 50/60 cc	\$1.31	35 PER MO.	
<b>A4215</b>	N					<b>Needle, sterile, any size, each</b>			
A4215		Y	N			Needle, sterile, any size, each	\$0.08	200 PER MO.	
A4215	22	Y	N			Insulin pen needles	\$0.26	100 PER MO.	C
A4215	59	Y	N			Huber needles	\$3.00	12 PER MO.	
<b>A4216</b>	N					<b>Sterile water, saline and/or dextrose (Diluent), 10 ML</b>			
A4216		Y	N			Sterile water, saline and/or dextrose (Diluent), 10 ML	\$0.12	100 PER MO.	C
<b>A4217</b>	N					<b>Sterile water/saline, 500 ml</b>			
A4217		Y	N			Sterile water/saline, 500 ml	\$1.84	35 PER MO.	
<b>A4218</b>	N					<b>Sterile saline or water, metered dose dispenser, 10 ML</b>			
A4218		N	N			Sterile saline or water, metered dose dispenser, 10 ML	\$0.36	200 PER MO.	N
<b>A4230</b>	N					<b>Infusion set for external insulin pump, non needle cannula type</b>			
A4230		N	N			Infusion set for external insulin pump, non needle cannula type	\$10.28	12 PER MO.	
A4230	22	N	N			IV Administration set with or without filter, specialty type	\$11.49	20 PER MO.	
<b>A4231</b>	N					<b>Infusion set for external insulin pump, needle type</b>			
A4231		N	N			Infusion set for external insulin pump, needle type	\$6.18	12 PER MO.	
A4231	22	N	N			IV Administration set with or without filter, standard type	\$6.42	20 PER MO.	
<b>A4232</b>	N					<b>Syringe with needle for external insulin pump, sterile 3cc</b>			
A4232		N	N			Syringe with needle for external insulin pump, sterile 3cc	\$3.22	12 PER MO.	
A4232	22	N	N			IV Catheter or Butterfly	\$3.31	20 PER MO.	
<b>A4233</b>	N					<b>Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each</b>			
A4233		Y	N			Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	\$2.45	4 TOTAL PER MO. A4233-A4236	N
<b>A4234</b>	N					<b>Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each</b>			
A4234		Y	N			Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	\$2.45	4 TOTAL PER MO. A4233-A4236	N

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A4235	N				Replacement battery, Lithium, for use with medically necessary home blood glucose monitor owned by patient, each			
A4235		Y	N		Replacement battery, Lithium, for use with medically necessary home blood glucose monitor owned by patient, each	\$2.45	4 TOTAL PER MO. A4233-A4236	N
A4236	N				Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each			
A4236		Y	N		Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	\$2.45	4 TOTAL PER MO. A4233-A4236	N
A4244	N				Alcohol per pint			
A4244		Y	Y		Alcohol per pint	\$1.43	3 PER MO.	
A4250	N				Urine test or reagent strips or tablets (100 tablets or strips)			
A4250		Y	N		Urine test or reagent strips or tablets (100 tablets or strips)	\$14.98	2 PER MO.	
A4253	Y				Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics			
A4253	KS	Y	N		Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics	\$36.33	4 PER 3 MO.	
A4253	KX	Y	N		Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE I Diabetics	\$36.33	3 PER MO.	
A4256	N				Normal, low and high calibrator solution/chips			
A4256		Y	N		Normal, low and high calibrator solution/chips	\$11.44	1 PER MO.	
A4258	N				Spring Powered Device for Lancet, each			
A4258		Y	N		Spring Powered Device for Lancet, each	\$14.32	1 PER 6 MO.	
A4258	22	Y	N		Insulin pen	\$32.68	1 PER 3 MO.	
A4259	Y				Lancets, per box of 100 TYPE II Diabetics			
A4259	KS	Y	N		Lancets, per box of 100 TYPE II Diabetics	\$8.58	2 PER 3 MO.	
A4259	KX	Y	N		Lancets, per box of 100 TYPE I Diabetics	\$8.58	2 PER MO.	
A4280	N				Adhesive skin support attachment for use with external breast prosthesis, each			
A4280		N	N		Adhesive skin support attachment for use with external breast prosthesis, each	\$3.68	8 PER MO.	
A4310	N				Insertion tray without drainage bag; and without catheter (accessories only)			
A4310		Y	N		Insertion tray without drainage bag; and without catheter (accessories only)	\$4.87	3 PER MO.	
A4311	N				Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic,etc.)			
A4311		Y	N		Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic,etc.)	\$11.37	3 PER MO.	
A4312	N				Insertion tray without drainage bag; with indwelling catheter, foley type, two-way, all silicone			
A4312		Y	N		Insertion tray without drainage bag; with indwelling catheter, foley type, two-way, all silicone	\$13.11	3 PER MO.	
A4313	N				Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation			

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4313		Y	N		Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$14.10	3 PER MO.	
A4314	N				<b>Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc)</b>			
A4314		Y	N		Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc)	\$17.88	3 PER MO.	
A4315	N				<b>Insertion tray with drainage bag; with indwelling catheter, foley type, two-way, all silicone</b>			
A4315		Y	N		Insertion tray with drainage bag; with indwelling catheter, foley type, two-way, all silicone	\$19.23	3 PER MO.	
A4316	N				<b>Insertion tray with drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation</b>			
A4316		Y	N		Insertion tray with drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$21.24	3 PER MO.	
A4320	N				<b>Irrigation tray with bulb or piston syringe, any purpose</b>			
A4320		Y	N		Irrigation tray with bulb or piston syringe, any purpose	\$2.32	35 PER MO.	
A4322	N				<b>Irrigation syringe, bulb or piston, each</b>			
A4322		Y	N		Irrigation syringe, bulb or piston, each	\$2.90	2 PER MO.	
A4326	N				<b>Male external catheter specialty type with integral collection chamber, each</b>			
A4326		Y	N		Male external catheter specialty type with integral collection chamber, each	\$9.36	2 PER MO.	
A4327	N				<b>Female external urinary collection device; meatal cup, each</b>			
A4327		Y	N		Female external urinary collection device; meatal cup, each	\$38.01	1 PER MO.	
A4328	N				<b>Female external urinary collection device; pouch, each</b>			
A4328		Y	N		Female external urinary collection device; pouch, each	\$8.98	12 PER MO.	
A4331	N				<b>Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each</b>			
A4331		N	N		Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	\$2.11	4 PER MO.	
A4332	N				<b>Lubricant, individual sterile packet, each</b>			
A4332		Y	N		Lubricant, individual sterile packet, each	\$0.07	144 PER MO.	
A4333	N				<b>Urinary catheter anchoring device, adhesive skin attachment, each</b>			
A4333		Y	N		Urinary catheter anchoring device, adhesive skin attachment, each	\$1.35	12 PER MO.	
A4335	N				<b>Incontinence supply; misc - Requires Prior Authorization</b>			
A4335		Y	N		Incontinence supply; misc - Requires Prior Authorization	\$0.00		
A4338	N				<b>Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)</b>			
A4338		Y	N		Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	\$7.81	3 PER MO.	

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A4340	N				<b>Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.)</b>			
A4340		Y	N		Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.)	\$6.58	3 PER MO.	
A4344	N				<b>Indwelling catheter, foley type; two-way all silicone</b>			
A4344		Y	N		Indwelling catheter, foley type; two-way all silicone	\$9.45	3 PER MO.	
A4346	N				<b>Indwelling catheter, foley type; three-way for continuous irrigation</b>			
A4346		Y	N		Indwelling catheter, foley type; three-way for continuous irrigation	\$12.39	3 PER MO.	
A4348	N				<b>Male external catheter with integral collection compartment, extended wear, each (e.g.2 per mo.)</b>			
A4348		Y	N		Male external catheter with integral collection compartment, extended wear, each (e.g.2 per mo.)	\$8.88	2 PER MO.	
A4349	N				<b>Male external catheter, with or without adhesive, disposable, each</b>			
A4349		Y	N		Male external catheter, with or without adhesive, disposable, each	\$1.00	60 PER MO.	
A4351	N				<b>Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each</b>			
A4351		Y	N		Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$1.52	150 TOTAL PER MO. A4351 - A4353	
A4352	N				<b>Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic), each</b>			
A4352		Y	N		Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic), each	\$3.05	150 TOTAL PER MO. A4351 - A4353	
A4353	N				<b>Intermittent urinary catheter, w/insertion supplies</b>			
A4353		Y	N		Intermittent urinary catheter, w/insertion supplies	\$4.58	150 TOTAL PER MO. A4351 - A4353	
A4354	N				<b>Insertion tray with drainage bag, but without catheter</b>			
A4354		Y	N		Insertion tray with drainage bag, but without catheter	\$8.19	3 PER MO.	
A4355	N				<b>Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter</b>			
A4355		Y	N		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	\$9.10	3 PER MO.	
A4356	N				<b>External urethral clamp or compression device (not to be used for catheter clamp), each</b>			
A4356		Y	N		External urethral clamp or compression device (not to be used for catheter clamp), each	\$35.71	1 PER 3 MO	
A4357	N				<b>Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each</b>			
A4357		Y	N		Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each	\$6.93	4 PER MO.	
A4358	N				<b>Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each</b>			

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CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4358		Y	N			Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$6.33	4 PER MO.	
A4359	N					Urinary suspensory without leg bag, each			
A4359		Y	N			Urinary suspensory without leg bag, each	\$24.14	1 PER MO.	
A4361	N					Ostomy face plate, each			
A4361		N	N			Ostomy face plate, each	\$17.52	2 PER MO.	
A4362	N					Skin barrier; solid, 4 x 4 or equivalent; each			
A4362		N	N			Skin barrier; solid, 4 x 4 or equivalent; each	\$2.94	20 PER MO.	
A4363	N					Ostomy clamp, any type, replacement only, each			
A4363		N	N			Ostomy clamp, any type, replacement only, each	\$1.71	2 PER MO.	N
A4364	N					Adhesive; liquid or equal, any type, per oz.			
A4364		N	N			Adhesive; liquid or equal, any type, per oz.	\$2.38	12 PER MO.	
A4365	N					Adhesive remover wipes, any type, per 50 (Ostomy use only)			
A4365		N	Y			Adhesive remover wipes, any type, per 50 (Ostomy use only)	\$9.11	1 PER MO.	
A4366	N					Ostomy vent, any type, each			
A4366		N	N			Ostomy vent, any type, each	\$0.91	20 PER MO.	
A4367	N					Ostomy belt, each			
A4367		N	N			Ostomy belt, each	\$7.49	2 PER MO.	
A4369	N					Ostomy skin barrier, liquid (spray, brush, etc), per oz			
A4369		N	N			Ostomy skin barrier, liquid (spray, brush, etc), per oz	\$2.30	8 PER MO.	
A4371	N					Ostomy skin barrier, powder, per oz			
A4371		N	N			Ostomy skin barrier, powder, per oz	\$3.48	4 PER MO.	
A4372	N					Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each			
A4372		N	N			Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each	\$3.98	20 PER MO.	C
A4373	N					Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each			
A4373		N	N			Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each	\$5.61	20 PER MO.	
A4375	N					Ostomy pouch, drainable, with faceplate attached, plastic, each			
A4375		N	N			Ostomy pouch, drainable, with faceplate attached, plastic, each	\$13.10	2 TOTAL PER MO. A4375 - A4378	
A4376	N					Ostomy pouch, drainable, with faceplate attached, rubber, each			
A4376		N	N			Ostomy pouch, drainable, with faceplate attached, rubber, each	\$34.69	2 TOTAL PER MO. A4375 - A4378	
A4377	N					Ostomy pouch, drainable, for use on faceplate, plastic, each			
A4377		N	N			Ostomy pouch, drainable, for use on faceplate, plastic, each	\$4.09	2 TOTAL PER MO. A4375 - A4378	
A4378	N					Ostomy pouch, drainable, for use on faceplate, rubber, each			

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A4378		N	N		Ostomy pouch, drainable, for use on faceplate, rubber, each	\$24.93	2 TOTAL PER MO. A4375 - A4378	
A4379	N				<b>Ostomy pouch, urinary, with faceplate attached, plastic, each</b>			
A4379		N	N		Ostomy pouch, urinary, with faceplate attached, plastic, each	\$11.85	2 TOTAL PER MO. A4379 - A4383	
A4380	N				<b>Ostomy pouch, urinary, with faceplate attached, rubber, each</b>			
A4380		N	N		Ostomy pouch, urinary, with faceplate attached, rubber, each	\$26.70	2 TOTAL PER MO. A4379 - A4383	
A4381	N				<b>Ostomy pouch, urinary, without faceplate attached, rubber, each</b>			
A4381		N	N		Ostomy pouch, urinary, without faceplate attached, rubber, each	\$4.40	2 TOTAL PER MO. A4379 - A4383	
A4382	N				<b>Ostomy pouch, urinary, for use on faceplate, heavy plastic, each</b>			
A4382		N	N		Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	\$11.98	2 TOTAL PER MO. A4379 - A4383	
A4383	N				<b>Ostomy pouch, urinary, for use on faceplate, rubber, each</b>			
A4383		N	N		Ostomy pouch, urinary, for use on faceplate, rubber, each	\$22.93	2 TOTAL PER MO. A4379 - A4383	
A4384	N				<b>Ostomy faceplate equivalent, silicone ring, each</b>			
A4384		N	N		Ostomy faceplate equivalent, silicone ring, each	\$5.61	6 PER MO.	
A4385	N				<b>Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each</b>			
A4385		N	N		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	\$4.86	6 PER MO.	
A4387	N				<b>Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each</b>			
A4387		N	N		Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each	\$3.83	35 PER MO.	
A4388	N				<b>Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each</b>			
A4388		N	N		Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	\$4.16	6 PER MO.	
A4389	N				<b>Ostomy pouch, drainable with barrier attached, with built-in convexity (1 piece), each</b>			
A4389		N	N		Ostomy pouch, drainable with barrier attached, with built-in convexity (1 piece), each	\$5.38	20 PER MO.	
A4390	N				<b>Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each</b>			
A4390		N	N		Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	\$8.87	6 PER MO.	
A4391	N				<b>Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each</b>			
A4391		N	N		Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	\$6.74	6 PER MO.	
A4392	N				<b>Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each</b>			

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A4392		N	N		Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	\$6.34	6 PER MO.	
A4393	N				<b>Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each</b>			
A4393		N	N		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	\$8.15	6 PER MO.	
A4394	N				<b>Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce</b>			
A4394		N	N		Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	\$1.70	16 PER MO.	
A4395	N				<b>Ostomy deodorant for use in ostomy pouch, solid, per tablet</b>			
A4395		N	N		Ostomy deodorant for use in ostomy pouch, solid, per tablet	\$0.05	100 PER MO.	
A4397	N				<b>Irrigation supply; sleeve, each</b>			
A4397		N	N		Irrigation supply; sleeve, each	\$4.57	4 PER MO.	
A4398	N				<b>Ostomy irrigation supply; bag, each</b>			
A4398		N	N		Ostomy irrigation supply; bag, each	\$13.17	2 PER MO.	
A4399	N				<b>Ostomy irrigation supply; cone/catheter, including brush</b>			
A4399		N	N		Ostomy irrigation supply; cone/catheter, including brush	\$11.70	1 PER MO.	
A4402	N				<b>Lubricant per ounce</b>			
A4402		Y	Y		Lubricant per ounce	\$0.38	12 PER MO.	
A4404	N				<b>Ostomy ring, each</b>			
A4404		N	N		Ostomy ring, each	\$1.93	20 PER MO.	
A4405	N				<b>Ostomy skin barrier, non-pectin based, paste, per ounce</b>			
A4405		N	N		Ostomy skin barrier, non-pectin based, paste, per ounce	\$3.27	8 OZ TOTAL PER MO. A4405 - A4406	
A4406	N				<b>Ostomy skin barrier, pectin-based, paste, per ounce</b>			
A4406		N	N		Ostomy skin barrier, pectin-based, paste, per ounce	\$3.27	8 OZ TOTAL PER MO. A4405 - A4406	
A4407	N				<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each</b>			
A4407		N	N		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	\$7.09	6 TOTAL PER MO. A4407 - A4408	
A4408	N				<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each</b>			
A4408		N	N		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	\$8.35	6 TOTAL PER MO. A4407 - A4408	
A4409	N				<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each</b>			
A4409		N	N		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	\$6.22	6 TOTAL PER MO. A4409 - A4410	

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A4410	N					<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each</b>			
A4410		N	N			Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	\$7.61	6 TOTAL PER MO. A4409 - A4410	
A4411	N					<b>Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each</b>			
A4411		N	N			Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	\$5.09	6 PER MO.	N
A4412	N					<b>Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each</b>			
A4412		N	N			Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	\$2.32	20 PER MO.	N
A4414	N					<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4 x 4 inches or smaller, each</b>			
A4414		N	N			Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4 x 4 inches or smaller, each	\$4.18	20 TOTAL PER MO. A4414 - A4415	
A4415	N					<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each</b>			
A4415		N	N			Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each	\$4.77	20 TOTAL PER MO. A4414 - A4415	
A4416	N					<b>Ostomy pouch, closed, with barrier attached, with filter (1 piece), each</b>			
A4416		N	N			Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	\$1.94	35 PER MO.	
A4417	N					<b>Ostomy pouch closed, with barrier attached, with built-in convexity, with filter (1 piece), each</b>			
A4417		N	N			Ostomy pouch closed, with barrier attached, with built-in convexity, with filter (1 piece), each	\$3.96	35 PER MO.	
A4418	N					<b>Ostomy pouch, closed; without barrier attached, with filter (1 piece), each</b>			
A4418		N	N			Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	\$1.44	35 PER MO.	
A4419	N					<b>Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each</b>			
A4419		N	N			Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	\$1.62	35 PER MO.	
A4420	N					<b>Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each</b>			
A4420		N	N			Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	\$1.68	35 PER MO.	
A4423	N					<b>Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each</b>			
A4423		N	N			Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	\$1.65	35 PER MO.	
A4424	N					<b>Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each</b>			



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CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4424		N	N			Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	\$2.80	20 PER MO.	
A4425	N					<b>Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each</b>			
A4425		N	N			Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	\$2.26	20 PER MO.	
A4426	N					<b>Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each</b>			
A4426		N	N			Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	\$2.32	20 PER MO.	
A4427	N					<b>Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each</b>			
A4427		N	N			Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	\$2.35	20 PER MO.	
A4428	N					<b>Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each</b>			
A4428		N	N			Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	\$6.51	6 PER MO.	
A4429	N					<b>Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each</b>			
A4429		N	N			Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	\$6.73	6 PER MO.	
A4430	N					<b>Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each</b>			
A4430		N	N			Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	\$7.07	6 PER MO.	
A4431	N					<b>Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each</b>			
A4431		N	N			Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	\$6.22	6 PER MO.	
A4432	N					<b>Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each</b>			
A4432		N	N			Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	\$3.59	6 PER MO.	
A4433	N					<b>Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each</b>			
A4433		N	N			Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	\$3.59	6 PER MO.	
A4434	N					<b>Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each</b>			
A4434		N	N			Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	\$3.76	6 PER MO.	
A4450	N					<b>Tape, non-waterproof, per 18 square inches</b>			
A4450		Y	N			Tape, non-waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. A4450 - A4452	
A4452	N					<b>Tape, waterproof, per 18 square inches</b>			

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4452		Y	N		Tape, waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. A4450 - A4452	
A4455	N				Adhesive remover or solvent (for tape, cement or other adhesive) per ounce			
A4455		N	Y		Adhesive remover or solvent (for tape, cement or other adhesive) per ounce	\$0.90	8 PER MO.	
A4458	N				Enema bag with tubing, reusable			
A4458		Y	N		Enema bag with tubing, reusable	\$2.13	15 TOTAL PER MO.	
A4462	N				Abdominal dressing holder, each			
A4462		Y	N		Abdominal dressing holder, each	\$14.07	1 PER 3 MO.	
A4465	N				Non-elastic binder for extremity			
A4465		Y	N		Non-elastic binder for extremity	\$13.49	2 PER MO.	
A4483	N				Moisture exchanger, disposable, for use with invasive mechanical ventilation			
A4483		Y	N		Moisture exchanger, disposable, for use with invasive mechanical ventilation	\$4.61	60 PER MO.	
A4550	N				Surgical trays			
A4550		Y	N		Surgical trays	\$7.18	12 PER MO.	
A4554	N				Disposable underpads, all sizes			
A4554		Y	Y		Disposable underpads, all sizes	\$0.35	200 PER MO.	
A4556	N				Electrodes (e.g. Apnea monitor), per pair			
A4556		Y	N		Electrodes (e.g. Apnea monitor), per pair	\$5.02	15 PER MO.	
A4557	N				Lead wires, (e.g., apnea monitor) per pair			
A4557		Y	N		Lead wires, (e.g., apnea monitor) per pair	\$16.37	2 PER 3 MO.	
A4558	N				Conductive paste or gel			
A4558		Y	N		Conductive paste or gel	\$5.57	1 PER MO.	
A4561	N				Pessary, rubber, any type			
A4561		N	N		Pessary, rubber, any type	\$15.11	1 PER 3 MO.	
A4562	N				Pessary, non rubber, any type			
A4562		N	N		Pessary, non rubber, any type	\$16.91	1 PER 3 MO.	
A4580	N				Cast supplies, (e.g. plaster) - Requires Prior Authorization			
A4580		Y	N		Cast supplies, (e.g. plaster) - Requires Prior Authorization	\$0.00		
A4595	N				Electrical stimulator supplies, 2 Lead per month, (e.g. tens, nmes)			
A4595		Y	N		Electrical stimulator supplies, 2 Lead per month, (e.g. tens, nmes)	\$2.51	15 PER MO.	
A4605	N				Tracheal suction catheter, closed system, each			
A4605		Y	N		Tracheal suction catheter, closed system, each	\$14.30	35 PER MO.	
A4606	N				Oxygen probe for use with oximeter device, replacement			
A4606		Y	N		Oxygen probe for use with oximeter device, replacement	\$20.19	4 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4608	N					<b>Transtracheal oxygen catheter, each</b>			
A4608		Y	N			Transtracheal oxygen catheter, each	\$58.15	2 PER 3 MO.	
A4614	N					<b>Peak expiratory flow rate meter, hand held</b>			
A4614		Y	N			Peak expiratory flow rate meter, hand held	\$17.61	1 PER 3 MO.	
A4615	N					<b>Cannula nasal</b>			
A4615		Y	N			Cannula nasal	\$2.54	6 PER MO.	
A4616	N					<b>Tubing, (oxygen), per foot</b>			
A4616		Y	N			Tubing, (oxygen), per foot	\$0.08	60 FEET PER MO.	
A4617	N					<b>Mouth piece</b>			
A4617		Y	N			Mouth piece	\$2.75	2 PER MO.	
A4618	N					<b>Breathing circuits</b>			
A4618		Y	N			Breathing circuits	\$7.72	15 PER MO.	
A4619	N					<b>Face tent</b>			
A4619		Y	N			Face tent	\$6.49	1 PER MO.	
A4620	N					<b>Variable concentration mask</b>			
A4620		Y	N			Variable concentration mask	\$2.46	4 PER MO.	
A4623	N					<b>Tracheostomy, inner cannula</b>			
A4623		Y	N			Tracheostomy, inner cannula	\$5.92	35 PER MO.	
A4624	N					<b>Tracheal suction catheter, any type, other than closed system, each</b>			
A4624		Y	N			Tracheal suction catheter, any type, other than closed system, each	\$1.15	300 PER MO.	
A4625	N					<b>Tracheostomy care kit for new tracheostomy</b>			
A4625		Y	N			Tracheostomy care kit for new tracheostomy	\$5.18	15 PER YEAR	
A4626	N					<b>Tracheostomy cleaning brush, each</b>			
A4626		Y	N			Tracheostomy cleaning brush, each	\$2.69	2 PER MO.	
A4626	22	Y	Y			Cotton balls per 100	\$2.65	3 PER MO.	
A4626	59	Y	Y			Applicators	\$0.03	400 PER MO.	
A4627	N					<b>Spacer, bag or reservoir, with or without mask, for use metered dose inhaler</b>			
A4627		N	N			Spacer, bag or reservoir, with or without mask, for use metered dose inhaler	\$15.59	1 PER 3 MO.	
A4628	N					<b>Oropharyngeal suction catheter, each</b>			
A4628		Y	N			Oropharyngeal suction catheter, each	\$2.84	8 PER MO.	
A4629	N					<b>Tracheostomy care kit for established tracheostomy</b>			
A4629		Y	N			Tracheostomy care kit for established tracheostomy	\$3.97	100 PER MO.	
A4649	N					<b>Surgical supply; misc - Requires Prior Authorization</b>			
A4649		Y	N			Surgical supply; misc - Requires Prior Authorization	\$0.00		
A4860	N					<b>Disposable catheter caps</b>			
A4860		Y	N			Disposable catheter caps	\$0.58	4 PER MO.	

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
CHANGE COLUMN - N = NEW, C= CHANGE

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CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4927	N					<b>Gloves, non-sterile, per 100</b>			
A4927		Y	Y			Gloves, non-sterile, per 100	\$7.50	2 PER MO.	
A4927	22	Y	N			Gloves, sterile per pair	\$0.50	90 PAIR PER MO.	
A5051	N					<b>Ostomy pouch, closed; with barrier attached (1 piece), each</b>			
A5051		N	N			Ostomy pouch, closed; with barrier attached (1 piece), each	\$1.81	35 TOTAL PER MO. A5051 - A5054	
A5052	N					<b>Ostomy pouch, closed; without barrier attached (1 piece), each</b>			
A5052		N	N			Ostomy pouch, closed; without barrier attached (1 piece), each	\$1.31	35 TOTAL PER MO. A5051 - A5054	
A5053	N					<b>Ostomy pouch, closed; for use on faceplate, each</b>			
A5053		N	N			Ostomy pouch, closed; for use on faceplate, each	\$1.41	35 TOTAL PER MO. A5051 - A5054	
A5054	N					<b>Ostomy pouch, closed; for use on barrier with flange (2 piece), each</b>			
A5054		N	N			Ostomy pouch, closed; for use on barrier with flange (2 piece), each	\$1.49	35 TOTAL PER MO. A5051 - A5054	
A5055	N					<b>Stoma cap</b>			
A5055		N	N			Stoma cap	\$1.78	4 PER MO.	
A5062	N					<b>Ostomy pouch, drainable; without barrier attached (1 piece), each</b>			
A5062		N	N			Ostomy pouch, drainable; without barrier attached (1 piece), each	\$2.12	20 TOTAL PER MO. A5062 - A5063	
A5062	22	N	N			Ostomy pouch, drainable with karaya based barrier attached, without built-in convexity, (1 piece), each	\$2.67	20 TOTAL PER MO. A5062 - A5063	
A5062	59	N	N			Ostomy pouch, drainable with standard wear barrier attached, without built-in convexity, (1 piece), each	\$2.67	20 TOTAL PER MO. A5062 - A5063	
A5063	N					<b>Ostomy pouch, drainable; for use on barrier with flange (2 piece-system), each</b>			
A5063		N	N			Ostomy pouch, drainable; for use on barrier with flange (2 piece-system), each	\$2.13	20 TOTAL PER MO. A5062 - A5063	
A5071	N					<b>Ostomy pouch, urinary; with barrier attached (1 piece), each</b>			
A5071		N	N			Ostomy pouch, urinary; with barrier attached (1 piece), each	\$4.15	20 TOTAL PER MO. A5071 - A5073	
A5072	N					<b>Ostomy pouch, urinary; without barrier attached (1 piece), each</b>			
A5072		N	N			Ostomy pouch, urinary; without barrier attached (1 piece), each	\$3.43	20 TOTAL PER MO. A5071 - A5073	
A5073	N					<b>Ostomy pouch, urinary; for use on barrier with flange (2 piece), each</b>			
A5073		N	N			Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	\$3.04	20 TOTAL PER MO. A5071 - A5073	
A5081	N					<b>Continent device; plug for continent stoma</b>			
A5081		Y	N			Continent device; plug for continent stoma	\$3.01	4 PER MO.	
A5082	N					<b>Continent device; catheter for continent stoma</b>			
A5082		Y	N			Continent device; catheter for continent stoma	\$10.59	1 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A5093	N				<b>Ostomy accessory; convex insert</b>			
A5093		N	N		Ostomy accessory; convex insert	\$1.79	10 PER MO.	
A5102	N				<b>Bedside drainage bottle with or w/o tubing, rigid or expandable, each</b>			
A5102		Y	N		Bedside drainage bottle with or w/o tubing, rigid or expandable, each	\$21.53	1 PER MO.	
A5105	N				<b>Urinary suspensory; with leg bag, with or without tube</b>			
A5105		Y	N		Urinary suspensory; with leg bag, with or without tube	\$38.88	1 PER MO.	
A5112	N				<b>Urinary leg bag; latex</b>			
A5112		Y	N		Urinary leg bag; latex	\$27.66	1 PER MO.	
A5113	N				<b>Leg strap; latex, replacement only, per set</b>			
A5113		Y	N		Leg strap; latex, replacement only, per set	\$0.77	2 PER MO.	
A5114	N				<b>Leg strap; foam or fabric, replacement only, per set</b>			
A5114		Y	N		Leg strap; foam or fabric, replacement only, per set	\$4.68	2 PER MO.	
A5120	N				<b>Skin Barrier, wipes or swabs, each</b>			
A5120		N	N		Skin Barrier, wipes or swabs, each	\$0.19	60 PER MO.	N
A5121	N				<b>Skin barrier; solid, 6 x 6 or equivalent, each</b>			
A5121		N	N		Skin barrier; solid, 6 x 6 or equivalent, each	\$5.94	15 PER MO.	
A5122	N				<b>Skin barrier; solid, 8 x 8 or equivalent, each</b>			
A5122		N	N		Skin barrier; solid, 8 x 8 or equivalent, each	\$11.08	8 PER MO.	
A5126	N				<b>Adhesive, or non-adhesive; disk or foam pad</b>			
A5126		N	N		Adhesive, or non-adhesive; disk or foam pad	\$1.15	20 PER MO.	
A5131	N				<b>Appliance cleaner, incontinence and ostomy appliances, per 16 oz</b>			
A5131		N	N		Appliance cleaner, incontinence and ostomy appliances, per 16 oz	\$11.82	1 PER MO.	
A6010	N				<b>Collagen based wound filler, dry form, per gram of collagen</b>			
A6010		Y	N		Collagen based wound filler, dry form, per gram of collagen	\$4.26	35 PER MO.	
A6196	N				<b>Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing</b>			
A6196		Y	N		Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	\$7.01	60 PER MO.	
A6197	N				<b>Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing</b>			
A6197		Y	N		Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	\$15.42	35 PER MO.	
A6198	N				<b>Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing</b>			
A6198		Y	N		Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	\$112.34	1 PER MO.	
A6199	N				<b>Alginate or other fiber gelling dressing, wound filler, per 6 inches</b>			

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6199		Y	N		Alginate or other fiber gelling dressing, wound filler, per 6 inches	\$4.38	35 PER MO.	
<b>A6200</b>	<b>N</b>				<b>Composite dressing, pad size 16 sq.in. or less without adhesive border each dressing</b>			
A6200		Y	N		Composite dressing, pad size 16 sq.in. or less without adhesive border each dressing	\$1.59	35 PER MO.	
<b>A6201</b>	<b>N</b>				<b>Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. without adhesive border each dressing</b>			
A6201		Y	N		Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. without adhesive border each dressing	\$2.77	35 PER MO.	
<b>A6202</b>	<b>N</b>				<b>Composite dressing, pad size more than 48 sq. in. without adhesive border, each dressing</b>			
A6202		Y	N		Composite dressing, pad size more than 48 sq. in. without adhesive border, each dressing	\$4.06	35 PER MO.	
<b>A6203</b>	<b>N</b>				<b>Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing</b>			
A6203		Y	N		Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing	\$1.59	35 PER MO.	
<b>A6204</b>	<b>N</b>				<b>Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. with any size adhesive border, each dressing</b>			
A6204		Y	N		Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. with any size adhesive border, each dressing	\$2.77	35 PER MO.	
<b>A6205</b>	<b>N</b>				<b>Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing</b>			
A6205		Y	N		Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$4.57	35 PER MO.	
<b>A6206</b>	<b>N</b>				<b>Contact layer, 16 sq in., or less, each dressing</b>			
A6206		Y	N		Contact layer, 16 sq in., or less, each dressing	\$0.97	35 PER MO.	
<b>A6207</b>	<b>N</b>				<b>Contact layer, more than 16 sq.in. but less than or equal to 48 sq.in., each dressing</b>			
A6207		Y	N		Contact layer, more than 16 sq.in. but less than or equal to 48 sq.in., each dressing	\$1.68	35 PER MO.	
<b>A6208</b>	<b>N</b>				<b>Contact layer, more than 48 sq. in., each dressing</b>			
A6208		Y	N		Contact layer, more than 48 sq. in., each dressing	\$3.41	35 PER MO.	
<b>A6209</b>	<b>N</b>				<b>Foam dressing, wound cover pad size 16 sq. in., or less, without adhesive border, each dressing</b>			
A6209		Y	N		Foam dressing, wound cover pad size 16 sq. in., or less, without adhesive border, each dressing	\$5.33	20 PER MO.	
<b>A6210</b>	<b>N</b>				<b>Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6210		Y	N		Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$10.36	20 PER MO.	
<b>A6211</b>	<b>N</b>				<b>Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6211		Y	N		Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$25.99	12 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6212	N				<b>Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing</b>			
A6212		Y	N		Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$6.61	35 PER MO.	
A6213	N				<b>Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>			
A6213		Y	N		Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$10.38	35 PER MO.	
A6214	N				<b>Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing</b>			
A6214		Y	N		Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$9.82	12 PER MO.	
A6215	N				<b>Foam dressing, wound filler, per gram</b>			
A6215		Y	N		Foam dressing, wound filler, per gram	\$2.32	35 PER MO.	
A6216	N				<b>Gauze, non-impregnated non-sterile, pad size 16 sq. in. or less without adhesive border, each dressing</b>			
A6216		Y	N		Gauze, non-impregnated non-sterile, pad size 16 sq. in. or less without adhesive border, each dressing	\$0.07	400 PER MO.	
A6217	N				<b>Gauze, non-impregnated non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6217		Y	N		Gauze, non-impregnated non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$0.35	200 PER MO.	
A6218	N				<b>Gauze, non-impregnated non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6218		Y	N		Gauze, non-impregnated non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	\$0.59	200 PER MO.	
A6219	N				<b>Gauze, non-impregnated, pad size 16 sq. in. or less with any size adhesive border, each dressing</b>			
A6219		Y	N		Gauze, non-impregnated, pad size 16 sq. in. or less with any size adhesive border, each dressing	\$0.27	200 PER MO.	
A6220	N				<b>Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>			
A6220		Y	N		Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$0.66	100 PER MO.	
A6221	N				<b>Gauze, non-impregnated, pad size more than 48 sq. in. with any size adhesive border, each dressing</b>			
A6221		Y	N		Gauze, non-impregnated, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$1.09	60 PER MO.	
A6222	N				<b>Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in or less, without adhesive border, each dressing</b>			

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 1/1/06

CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6222		Y	N		Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing	\$2.03	60 PER MO.	
A6223	N				<b>Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6223		Y	N		Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$2.30	60 PER MO.	
A6224	N				<b>Gauze, impregnated with other than water or normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6224		Y	N		Gauze, impregnated with other than water or normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	\$2.54	60 PER MO.	
A6228	N				<b>Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing</b>			
A6228		Y	N		Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.58	60 PER MO.	
A6229	N				<b>Gauze, impregnated, water or normal saline, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6229		Y	N		Gauze, impregnated, water or normal saline, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$1.41	60 PER MO.	
A6230	N				<b>Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6230		Y	N		Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	\$3.00	60 PER MO.	
A6234	N				<b>Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing</b>			
A6234		Y	N		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$4.54	35 PER MO.	
A6235	N				<b>Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6235		Y	N		Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$10.64	12 PER MO.	
A6236	N				<b>Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6236		Y	N		Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$19.55	12 PER MO.	
A6237	N				<b>Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing</b>			
A6237		Y	N		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$4.48	35 PER MO.	
A6238	N				<b>Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>			



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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6238		Y	N		Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$16.94	12 PER MO.	
A6239	N				<b>Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing</b>			
A6239		Y	N		Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$18.23	12 PER MO.	
A6240	N				<b>Hydrocolloid dressing, wound filler, paste, per fluid ounce</b>			
A6240		Y	N		Hydrocolloid dressing, wound filler, paste, per fluid ounce	\$7.95	12 PER MO.	
A6241	N				<b>Hydrocolloid dressing, wound filler, dry form, per gram</b>			
A6241		Y	N		Hydrocolloid dressing, wound filler, dry form, per gram	\$1.50	12 PER MO.	
A6242	N				<b>Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing</b>			
A6242		Y	N		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$4.75	35 PER MO.	
A6243	N				<b>Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6243		Y	N		Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$8.97	12 PER MO.	
A6244	N				<b>Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6244		Y	N		Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$17.68	12 PER MO.	
A6245	N				<b>Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing</b>			
A6245		Y	N		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$6.49	35 PER MO.	
A6246	N				<b>Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>			
A6246		Y	N		Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$9.46	12 PER MO.	
A6247	N				<b>Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing</b>			
A6247		Y	N		Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$21.22	12 PER MO.	
A6248	N				<b>Hydrogel dressing, wound filler, gel, per fluid ounce</b>			
A6248		Y	N		Hydrogel dressing, wound filler, gel, per fluid ounce	\$12.72	6 PER MO.	
A6251	N				<b>Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing</b>			
A6251		Y	N		Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$1.44	20 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6252	N				<b>Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6252		Y	N		Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$1.52	20 PER MO.	
A6253	N				<b>Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6253		Y	N		Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$3.52	20 PER MO.	
A6254	N				<b>Specialty absorptive dressing, wound cover, pad size 16 sq.in. or less, with any size adhesive border, each dressing</b>			
A6254		Y	N		Specialty absorptive dressing, wound cover, pad size 16 sq.in. or less, with any size adhesive border, each dressing	\$1.10	20 PER MO.	
A6255	N				<b>Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>			
A6255		Y	N		Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$1.59	20 PER MO.	
A6256	N				<b>Specialty absorptive dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing</b>			
A6256		Y	N		Specialty absorptive dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$2.11	20 PER MO.	
A6257	N				<b>Transparent film, 16 sq. in. or less, each dressing</b>			
A6257		Y	N		Transparent film, 16 sq. in. or less, each dressing	\$0.60	35 PER MO.	
A6258	N				<b>Transparent film, more than 16 sq.in. but less than or equal to 48 sq.in. each dressing</b>			
A6258		Y	N		Transparent film, more than 16 sq.in. but less than or equal to 48 sq.in. each dressing	\$2.78	35 PER MO.	
A6259	N				<b>Transparent film, more than 48 sq. in. each dressing</b>			
A6259		Y	N		Transparent film, more than 48 sq. in. each dressing	\$5.23	12 PER MO.	
A6261	N				<b>Wound filler, gel/paste, per fluid ounce, not elsewhere classified</b>			
A6261		Y	N		Wound filler, gel/paste, per fluid ounce, not elsewhere classified	\$0.19	35 PER MO.	
A6262	N				<b>Wound filler, dry form, per gram, not elsewhere classified</b>			
A6262		Y	N		Wound filler, dry form, per gram, not elsewhere classified	\$0.19	90 PER MO.	
A6266	N				<b>Gauze, impregnated, other than water, normal saline or zinc paste, any width, per linear yard</b>			
A6266		Y	N		Gauze, impregnated, other than water, normal saline or zinc paste, any width, per linear yard	\$1.27	35 PER MO.	
A6402	N				<b>Gauze, non-impregnated, sterile, pad size 16 sq. in or less without adhesive border, each dressing</b>			
A6402		Y	N		Gauze, non-impregnated, sterile, pad size 16 sq. in or less without adhesive border, each dressing	\$0.12	200 PER MO.	
A6402	59	Y	N		Pre cut gauze trach dressing	\$0.27	200 PER MO.	
A6407	N				<b>Packing strips, non-impregnated, up to 2 inches in width, per linear yard</b>			

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
CHANGE COLUMN - N = NEW, C = CHANGE

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 1/1/06

CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6407		Y	N		Packing strips, non-impregnated, up to 2 inches in width, per linear yard	\$1.32	35 PER MO.	
A6442	N				<b>Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard</b>			
A6442		Y	N		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	\$0.15	150 PER MO.	
A6443	N				<b>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard</b>			
A6443		Y	N		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	\$0.23	150 PER MO.	
A6444	N				<b>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard</b>			
A6444		Y	N		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	\$0.25	150 PER MO.	
A6448	N				<b>Light compression bandage, elastic, knitted/woven, width less than three inches, per yard</b>			
A6448		Y	N		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	\$0.48	20 PER MO.	
A6449	N				<b>Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</b>			
A6449		Y	N		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$0.60	20 PER MO.	
A6450	N				<b>Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard</b>			
A6450		Y	N		Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	\$0.71	20 PER MO.	
A6456	N				<b>Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</b>			
A6456		Y	N		Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$1.27	35 PER MO.	
A7000	N				<b>Canister, disposable, used with suction pump, each</b>			
A7000		Y	N		Canister, disposable, used with suction pump, each	\$6.39	2 PER MO.	
A7001	N				<b>Canister, non-disposable, used with suction pump, each</b>			
A7001		Y	N		Canister, non-disposable, used with suction pump, each	\$21.30	1 PER 3 MO.	
A7002	N				<b>Tubing, used with suction pump, each</b>			
A7002		Y	N		Tubing, used with suction pump, each	\$3.28	6 PER MO.	
A7003	N				<b>Administration set, with small volume non-filtered pneumatic nebulizer, disposable</b>			
A7003		Y	N		Administration set, with small volume non-filtered pneumatic nebulizer, disposable	\$2.05	35 PER MO.	
A7004	N				<b>Small volume nonfiltered pneumatic nebulizer, disposable</b>			
A7004		Y	N		Small volume nonfiltered pneumatic nebulizer, disposable	\$1.57	35 PER MO.	

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# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A7005	N				<b>Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable</b>			
A7005		Y	N		Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	\$22.05	2 PER 3 MO.	
A7006	N				<b>Adminstration set, with small volume filtered pneumatic nebulizer</b>			
A7006		Y	N		Adminstration set, with small volume filtered pneumatic nebulizer	\$9.10	1 PER MO.	
A7007	N				<b>Large volume nebulizer, disposable, unfilled, used with aerosol compressor</b>			
A7007		Y	N		Large volume nebulizer, disposable, unfilled, used with aerosol compressor	\$3.36	6 PER MO.	
A7007	22	Y	N		Sterile water or sterile saline, 1000 ml used with large volume nebulizer	\$3.49	35 PER MO.	
A7008	N				<b>Large volume nebulizer, disposable, prefilled, used with aerosol compressor</b>			
A7008		Y	N		Large volume nebulizer, disposable, prefilled, used with aerosol compressor	\$4.18	6 PER MO.	
A7008	22	Y	N		Sterile water, heated humidifier use 1650 - 2000 cc	\$6.85	35 PER MO.	
A7008	59	Y	N		Sterile water, autotest/heated humidifier use 1650 - 2000 cc	\$10.48	10 PER MO.	
A7009	N				<b>Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer</b>			
A7009		Y	N		Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	\$30.07	2 PER 3 MO.	
A7010	N				<b>Corrugated tubing, disposable, used with large volume nebulizer 100 feet.</b>			
A7010		Y	N		Corrugated tubing, disposable, used with large volume nebulizer 100 feet.	\$15.77	2 PER MO.	
A7011	N				<b>Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet</b>			
A7011		Y	N		Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	\$10.12	1 PER MO.	
A7012	N				<b>Water collection device, used with large volume nebulizer</b>			
A7012		Y	N		Water collection device, used with large volume nebulizer	\$2.77	20 PER MO.	
A7013	N				<b>Filter, disposable, used with aerosol compressor</b>			
A7013		Y	N		Filter, disposable, used with aerosol compressor	\$0.71	8 PER MO.	
A7013	59	Y	N		Ventilator bacteria filter	\$2.43	4 PER MO.	
A7014	N				<b>Filter, non-disposable, used with aerosol compressor or ultrasonic generator</b>			
A7014		Y	N		Filter, non-disposable, used with aerosol compressor or ultrasonic generator	\$3.26	1 PER MO.	
A7015	N				<b>Aerosol mask, used with DME nebulizer</b>			
A7015		Y	N		Aerosol mask, used with DME nebulizer	\$1.47	4 PER MO.	
A7016	N				<b>Dome and mouthpiece, used with small volume ultrasonic nebulizer</b>			
A7016		Y	N		Dome and mouthpiece, used with small volume ultrasonic nebulizer	\$4.66	4 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A7018	N				<b>Water, distilled, used with large volume nebulizer, 1000ml.</b>			
A7018		Y	N		Water, distilled, used with large volume nebulizer, 1000ml.	\$2.19	12 PER MO.	
A7018	22	Y	N		Sterile water irrigation solution, 1000 ml	\$3.49	35 PER MO.	
A7018	59	Y	N		Sterile saline irrigation solution, 1000 ml	\$4.50	35 PER MO.	
A7030	N				<b>Full face mask used with positive airway pressure device, each</b>			
A7030		Y	N		Full face mask used with positive airway pressure device, each	\$160.34	1 PER 3 MO.	
A7031	N				<b>Face mask interface, replacement for full face mask, each</b>			
A7031		Y	N		Face mask interface, replacement for full face mask, each	\$59.30	1 PER 3 MO.	
A7032	N				<b>Cushion for use on nasal mask interface, replacement only, each</b>			
A7032		Y	N		Cushion for use on nasal mask interface, replacement only, each	\$21.61	1 TOTAL PER 3 MO. A7032 - A7033	C
A7033	N				<b>Pillow for use on nasal cannula type interface, replacement only, pair</b>			
A7033		Y	N		Pillow for use on nasal cannula type interface, replacement only, pair	\$21.61	1 TOTAL PER 3 MO. A7032 - A7033	C
A7034	N				<b>Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap</b>			
A7034		Y	N		Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	\$99.99	1 PER 3 MO.	
A7035	N				<b>Headgear, used with positive airway pressure device</b>			
A7035		Y	N		Headgear, used with positive airway pressure device	\$34.90	1 PER 3 MO.	
A7036	N				<b>Chin strap used with positive airway pressure device</b>			
A7036		Y	N		Chin strap used with positive airway pressure device	\$13.61	1 PER 3 MO.	
A7037	N				<b>Tubing used with positive airway pressure device</b>			
A7037		Y	N		Tubing used with positive airway pressure device	\$32.81	2 PER 3 MO.	
A7038	N				<b>Filter, disposable, used with positive airway pressure device</b>			
A7038		Y	N		Filter, disposable, used with positive airway pressure device	\$4.01	2 PER MO.	
A7039	N				<b>Filter, non-disposable, used with positive airway pressure device</b>			
A7039		Y	N		Filter, non-disposable, used with positive airway pressure device	\$9.48	1 PER 3 MO.	
A7046	N				<b>Water chamber for humidifier, used with positive airway pressure device, replacement, each</b>			
A7046		Y	N		Water chamber for humidifier, used with positive airway pressure device, replacement, each	\$11.25	4 PER MO.	
A7520	N				<b>Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each</b>			
A7520		Y	N		Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	\$60.16	1 TOTAL PER MO. A7520 - A7521	
A7521	N				<b>Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each</b>			
A7521		Y	N		Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	\$60.16	1 TOTAL PER MO. A7520 - A7521	

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A7522	N				Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each			
A7522		Y	N		Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	\$60.16	1 PER 3 MO.	
A7523	N				Tracheostomy shower protector, each			
A7523		Y	N		Tracheostomy shower protector, each	\$5.81	1 PER MO.	
A7524	N				Tracheostoma stent/stud/button, each			
A7524		Y	N		Tracheostoma stent/stud/button, each	\$6.23	4 PER MO.	
A7525	N				Tracheostomy mask, each			
A7525		Y	N		Tracheostomy mask, each	\$1.40	20 PER MO.	
A7526	N				Tracheostomy tube collar/holder, each			
A7526		Y	N		Tracheostomy tube collar/holder, each	\$3.06	35 PER MO.	
B4035	N				Enteral feeding supply kit; pump fed, per day			
B4035		Y	N		Enteral feeding supply kit; pump fed, per day	\$6.12	35 TOTAL PER MO. B4035 - B4036	
B4036	N				Enteral feeding supply kit; gravity fed, per day			
B4036		Y	N		Enteral feeding supply kit; gravity fed, per day	\$5.02	35 TOTAL PER MO. B4035 - B4036	
B4081	N				Nasogastric tubing with stylet			
B4081		Y	N		Nasogastric tubing with stylet	\$11.61	10 PER MO.	
B4082	N				Nasogastric tubing without stylet			
B4082		Y	N		Nasogastric tubing without stylet	\$11.35	10 PER MO.	
B4083	N				Stomach tube-levine type			
B4083		Y	N		Stomach tube-levine type	\$2.43	4 PER MO.	
B4086	N				Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each			
B4086		Y	N		Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	\$37.26	2 PER MO.	
B4086	22	Y	N		Feeding tube extension set	\$10.16	10 PER MO.	
B4086	59	Y	N		Skin level gastrostomy feeding tube kit (Requires Prior Authorization)	\$124.65	7 PER YR.	
S1015	N				IV tubing extension set			
S1015		N	N		IV tubing extension set	\$3.33	20 PER MO.	
S8101	N				Holding chamber or spacer for use with an inhaler or nebulizer; with mask			
S8101		N	N		Holding chamber or spacer for use with an inhaler or nebulizer; with mask	\$29.00	1 PER 3 MO.	
S8185	N				Flutter device			
S8185		Y	N		Flutter device	\$42.48	1 PER 6 MO.	
S8186	N				Swivel adaptor			
S8186		Y	N		Swivel adaptor	\$1.97	20 PER MO.	
S8490	N				Insulin syringes (100 syringes, any size)			

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
CHANGE COLUMN - N = NEW, C = CHANGE

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 1/1/06

CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
S8490		Y	N		Insulin syringes (100 syringes, any size)	\$0.22	200 PER MO.	
<b>T1999</b>	<b>Y</b>				<b>Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified. Identify product in "Remarks." (Requires PA)</b>			
T1999		N	N		Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified. Identify product in "Remarks." (Requires PA)	\$0.00		
T1999	22	Y	N		IV Infusor device	\$11.23	35 PER MO.	
T1999	59	N	N		IV Needleless injection site	\$1.86	70 PER MO.	
T1999	U1	Y	N		Biohazard disposable container, needle and syringe-1 gallon/medium	\$4.46	1 PER MO.	
T1999	U2	Y	N		Biohazard disposable container, needle and syringe-2 gallon/large	\$6.49	1 PER MO.	
T1999	U3	N	N		IV Injection cap/site	\$1.89	20 PER MO.	
T1999	U4	N	N		IV Administration reservoir bag with or without tube	\$10.25	20 PER MO.	
T1999	U5	N	N		IV Administration cassette or reservoir	\$18.67	20 PER MO.	
T1999	U6	N	N		IV connector/cap, male/female, luer/luerlock	\$0.43	70 PER MO.	
T1999	U7	N	N		IV vial adapter	\$2.19	90 PER MO.	
T1999	U8	N	N		Needle filter 1 1/2"	\$0.54	12 PER MO.	
T1999	U9	N	N		IV Cannula	\$0.49	200 PER MO.	
T1999	UA	N	N		IV Catheter PICC/Midline	\$47.58	2 PER MO.	
T1999	UB	N	N		IV Connector	\$0.87	70 PER MO.	
T1999	UC	N	N		IV Dispensing Pin	\$2.09	20 PER MO.	
T1999	UD	N	N		IV Filter	\$1.79	12 PER MO.	
<b>T4521</b>	<b>N</b>				<b>Adult sized disposable incontinence product, brief/diaper, small, each</b>			
T4521		Y	N		Adult sized disposable incontinence product, brief/diaper, small, each	\$0.51	300 TOTAL PER MO. T4521 - T4532	
<b>T4522</b>	<b>N</b>				<b>Adult sized disposable incontinence product, brief/diaper, medium, each</b>			
T4522		Y	N		Adult sized disposable incontinence product, brief/diaper, medium, each	\$0.55	300 TOTAL PER MO. T4521 - T4532	
<b>T4523</b>	<b>N</b>				<b>Adult sized disposable incontinence product, brief/diaper, large, each</b>			
T4523		Y	N		Adult sized disposable incontinence product, brief/diaper, large, each	\$0.72	300 TOTAL PER MO. T4521 - T4532	
<b>T4529</b>	<b>N</b>				<b>Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each</b>			
T4529		Y	N		Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	\$0.50	300 TOTAL PER MO. T4521 - T4532	
T4529	22	Y	N		Disposable diaper liners, each	\$0.04	300 TOTAL PER MO. T4521 - T4532	
<b>T4531</b>	<b>N</b>				<b>Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each</b>			
T4531		Y	N		Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	\$0.50	300 TOTAL PER MO. T4521 - T4532	
<b>T4532</b>	<b>N</b>				<b>Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each</b>			
T4532		Y	N		Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	\$0.53	300 TOTAL PER MO. T4521 - T4532	

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 1/1/06

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
T4536	N			Incontinence product, protective underwear/pull-on, reusable, any size, each			
T4536		Y	N	Incontinence product, protective underwear/pull-on, reusable, any size, each	\$9.45	2 PER MO.	
V5266	N			Battery for use in hearing device			
V5266		N	N	Battery for use in hearing device	\$1.02	12 PER MO.	